

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002080

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

149

1002

62

FILED JAN 18 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 Year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST MARYS HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3528 VIRGINIA AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BERNICE

UTLEY

4. DATE OF DEATH

Month

Day

Year

JANUARY

7th

1962

5. SEX

FEMALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/29/06

9. AGE (last birthday)

55 Years

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Best Manufacturing Co. Assembler

10b. KIND OF BUSINESS OR INDUSTRY

Ash Grove, Missouri U.S.A.

13a. FATHER'S NAME

Loren Trogdon

13b. MOTHER'S MAIDEN NAME

Rachel E. Frame

14. NAME OF HUSBAND OR WIFE

Roy A. Utley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, No (unknown))

No

(If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

K. C. Mo.

Mrs. Jack Rogers, 4215 Virginia Ave

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Heart Disease

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug. '61 to Oct. '61 and last saw her alive on Oct. 11, 1961

Death occurred at 1:15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary C. Cortner, M.D.

22b. ADDRESS

4526 Paseo, KC 10, Mo.

22c. DATE SIGNED

1/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Jan. 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Springfield, Missouri

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd

25. DATE RECD. BY LOCAL REG.

1-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erling M. Dunning

Licensed Embalmer No. 3506

P. O. Address H.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.